death

deoth. Page 4 may be

completely filled in by the

love carbonpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the

### FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-19564

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0 0
DECEASED NAME MARY	F. Langford	d Adkins	20. DATE OF DEATH MONTH	- 2-1979 3 PM
I. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
female	cau.	Sept. 12,187	79 99 Y	RS DATS HOURS
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
		WIDOWED TO DIVORCED	Dorchest	
0 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
Cambridge	Dorchester		seamstress	clothing
130 STATE Md . 13 CO	e or other institution, give residence be punity rchester Camb		S? 417 Robbin	s St.
4 FATHER'S NAME	MIODLE LASJ	15 MOTHER'S MAIDEN		last
George W.	Langio			Blades
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE 214-07	1 8/1 . / /	IES ADKINS CX	AMBRIDGE, M7
PART I. DEATH WAS CAU	only one couse per line for (m), (b), JSED BY: JATE CAUSE (o)	and it.	le tran	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410-	DUE TO, OR AS A CONSE	ONENCE OF	2/ 5	
Conditions, if ony, which	( (b)	sonom Acl	eras	5m
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	OUENCE OF		,
PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
20	Porlangend	6		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	200 AUTOPSY?   200   IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
OR CONTINUE THE EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive		The Control of the Co	nion death occurred on the date onc	, that (I) (we) lost thour and from the couses stated
22b. SIGNATURE	not view the body ofter death	DEGREE		22c. DATE SIGNED
( July	Correct of the	Syl A ATTENDIN PHYSICIA	MEDICAL STAFF	4-4-19
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS		
30. BURIAL CREMATION REMOV	AL 123h DATE 12	30 NAME OF CEMETERY OR CREMATO	DRY 123d LOCATION	MA

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The Jow etoined by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

burial

East

Market, Dor.,

24 FUNERAL DIRECTOR
CURRAN FUNERAL HOME,

April 4,1979 East New Market
Cambridge, Md.
L HOME, 308 High St.

New APRE 6 D. 1979 TRAR

anaxis to transit towns!

ge ess, se ares tes

x Donobester

Cambridge Doronestar Gen. Hospital seemstreas cluthing

MM. Doronester Cambridge x 417 Hembius St.

George L. States Unridered J. Slades

0140-50-473

- und the control of the control of the

DAY A LA

nd. 1977 - Park Janes - Day Market Market Mai Janes - Day Janes -

THE PURISH IN HOME TO BEEN BET.

FOR - STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-09565

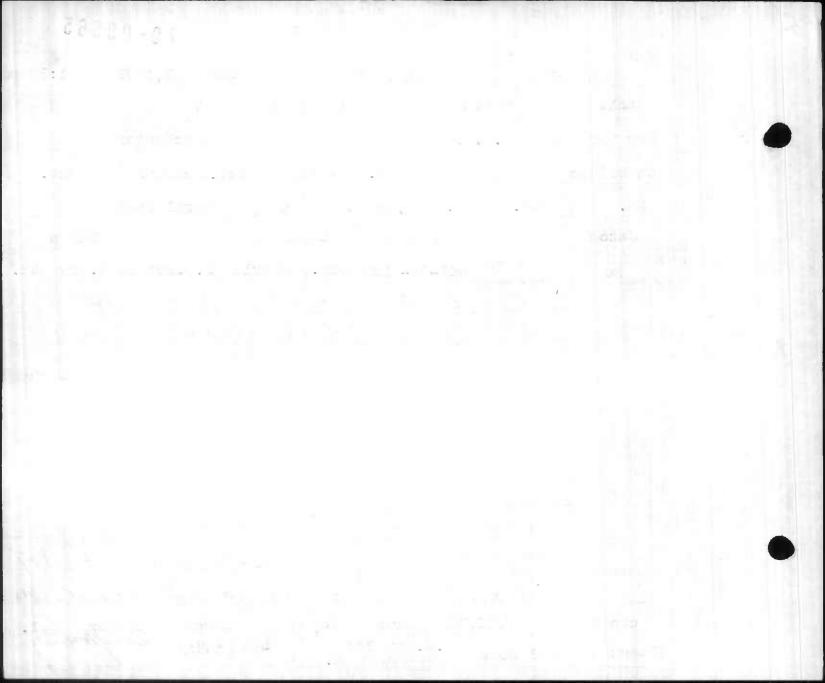
1 05					REG. N		
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(),,,,	Rudolph	Ae	berle		April 1	2,1979	1:30 pm
3 SE		4 RACE	5 DATE OF BIE		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	male	white	June	15~ 1891	87	YRS	HOURS MIN
	Out days	TO CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER MARRIED		R COUNTY OF DEATH	
I	New York City	U.S.A.	WIDOWED	DIVORCED [	Dorc	hester	MD.
	Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Dorchester	Gen. H	OSPITI	(TYPE OF WORK FOR MOST OR Ret.Cher	DE WORKING LIEE INDUSTRY	ret.
USU, 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN DO	TY 13c CITY OR TOW	Market		13e. STREET ADDRESS Rura	1 route	
14. FA	Jacob	Alast Aebe		Carolin	##IDD1.E	UĈ	hen
	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU	DRITY NO. 17	NFORMANT	ADDR	ESS	-
	NO NO	083-05	-0223 A	Mrs. Aebe	rle P.O.	Box 99 E.N	ew Mkt.
	PART I. DEATH WAS CAUSED	y ane cause per line for (a , (b , on ) BY E CAUSE (a)	行れい	alon F	Sullat		ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU		18110	and Cit	F Doe	reel Yres
NO	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1	0'
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [	NGS USED S OF DEATH?
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.		HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
ē	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		LOCATION	CITY OR TO	wn COUNTY	STATE
WE		(ALTHOUSE, OTTICE, TACTORT, OTTICE, I	, and the same		CITY OR TO	200111	
ME	WHILE NOT WHILE AT WORK  270. I certify that (I) (this haspit saw the deceased alive on.	al) attended the deceased from_		, 19	to		that (I) (we) last
ME	WHILE NOT WHILE DAT WORK 200 I certify that (1) (this haspit	al) attended the deceased from_		at in (my) (aur) apınian (	to		that (I) (we) last couses stated
ME	WHILE NOT WHILE 220.1 certify that (I) (this haspit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from_ view the body after death.	, and the	ot in (my) (our) opinion of REE ATTENDING PHYSICIAN	to	ote and hour and from the	that (I) (we) last couses stated
ME	WHILE NOT WHILE AT WORK  270.1 certify that (II (this haspit saw the deceased alive on obove, (I) (we) (did) (did not	ol) attended the deceased from_ view the body after death.	, and the	at in (my) (aur) apinian ( REE ATTENDING	todeath accurred on the d	ote and hour and from the	that (I) (we) last couses stated
WE	WHILE NOT WHILE 220.1 certify that (I) (this haspit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from	, and the DEGI	ATTENDING PHYSICIAN ADDRESS AUL	todeath accurred on the d	ote and hour and from the	that (I) (we) last couses stated
73a. E	WHILE NOT WHILE 220.1 certify that (I) (this haspit saw the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from 19 view the body after death. 19 PRINT)  PRINT)  PRINT 23b. DATE 23c. 1	, and the DEGI	ATTENDING PHYSICIAN ADDRESS AUCTOR  TERY OR CREMATORY	todeath accurred on the d	ote and hour and from the	that (I) (we) last couses stated

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1 - :	FOR STATE REGISTRAR	DEPARTMENT OF H	EALTH AND MENTAL H	YGIENE 7 G	09566
1		CEASED NAME FIRST Edward	Eugene	Batson		HONTH DAY YEAR 79 26. HOUR P M
	3. SEX	M Black S. DAT	TH DAY YEAR LAST BIRTHDAY!	S IF UNDER 1 YR. IF UNDER 2	MIN. PRONOUNCED DEAD	ONTH DAY YEAR 2d. HOUR 4 29 19 79 5:15
36	FOI	meign country	TIZEN OF WHAT COUNTRY?  1. S. SAME OF HOSPITAL, NURSING HOME,	MARRIED NEVER MARRIE WIDOWED DIVORCE		STER MD.
3	X		NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	al	FOR MOST OF WORKING LIFE)	Pactory
3.5	13a. ST	md. 13b. COUNTY	ter 136. CITY OR TOWN	YES NO	130. STREET ADDRESS P.O. Box 11	0 0
90	-	ATHER'S NAME FIRST  Milmer	Batson	15. MOTHER'S MAIDER  Christ  NO. 17. INFORMANT	ie mae	Robinson
1		VAS DECEASED EVER IN U.S. ARMED FO ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D	2-54 214-30-8		y Batson	APPROXIMATE INTERVAL
	NOI	Conditions, if ony, which gove rise to immediate	SE (o) COPONARY OCC DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF		7 1 (a).	BETWEEN ONSET AND DEATH FOW MINS.
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?  YES NO
3		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	O REMIER MATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that I taok chorge of the death resulted from Notural cous ACTUAL SIGNATURE		Autopsy X, Inspection ide , Homicide , TITLE (SPECIFY)  M.D. Deputy	Undetermined monner,	DATE 5/4/79
2		EXAMINER'S JAME John	Mame Jr. MD.	ADDRESS	Cambridge, Md.	
	(5	URIAL, CREMATION, REMOVAL 236. DAT Burial S- UNERAL DIRECTOR NAME Klesse Funeral H	7-79 md. Newson one milford.	teran'a	23d LOCATION CITY OR TOWN Beulah ECCD. BY REGISTRAR THE RESET	wheter ms.

88881201

nel religio a su ver mil

u sos sos in

	STATE	OF MARYLAND	
ED A DTAAENIT	OF HE	ALTH AND MENT	4

AL HYGIENE

	STATE REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE O	FDEATH REG. NO. 9 -	09561
(TYP	CEASED NAME Dehald	1d E.	E. Bell	Bell	20. DATE KNOWN MONTH OF ESTI- DEATH MATED	1-18-79 25. HOUR
3. SEX	4. RACE		YEAR LAST BIRTHDAY) MONT	HS DAYS HOURS	MIN PRONOUNCED Apr. 18	13.
FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	MARR	IED NEVER MARRIE		TY OF DEATH
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS) hester General	HER INSTITUTION	BORGILDE COT	126. KIND OF BUSINESS OR INDUSTRY
130. S De	laware New C	Y	(RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  Wilmington	YESX NO	13e STREET ADDRESS 604 E. 8th Street	
J	ATHER'S NAME FIRST  Ohn E. Bell  VAS DECEASED EVER IN U.S. ARA	WIDDLE	LAST	Dorothy	Chase	LAST
(Y	es, no, or unknown) (IF YES, GIVE	VAR OR DATES)	220-28-2555		deout, P.O. Box 392	
	410 - Conditions, if ony, which	BY: E CAUSE (o) COT DUE TO, OR	for (a), (b), ond (c).)  Onary occlus  AS A CONSEQUENCE OF	ion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
z	gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE OF	E DR CONDITION GIVEN IN PAR	N 1 (e).	
CERTIFICATION	196. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY? YES NO
CALCER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			CATION STREET	CITY OR TOWN CO	DUNTY STATE
	22a. I certify that I took charg . death resulted fram Notur ACTUAL SIGNATURE	e of the remains desc ol couses	cribed obove, held on Autop Accident , Suicide	Homicide ,  TITLE (SPECIFY)  Deputy	Undetermined monner ,  MEDICAL EXAMINER SIGN	
	EXAMINER'S NAME John	Mace, Jr			hurch Street Cambri	ldge, Md.
(	URIAL, CREMATION, REMOVAL 2 PECIFY  BUY 1  UNERAL DIRECTOR  NAME	pr. 21,19	79 Reids Grove Federalsburg,	Cemetery	23d LOCATION COLUMN CHYOROWN COLUMN CHYOROWN COLUMN	
Fr	amptom-Hawkins	Funeral Ho	me. 216 N. Main	St.	47K 2 5 19/9	my/mounty

10.00-0

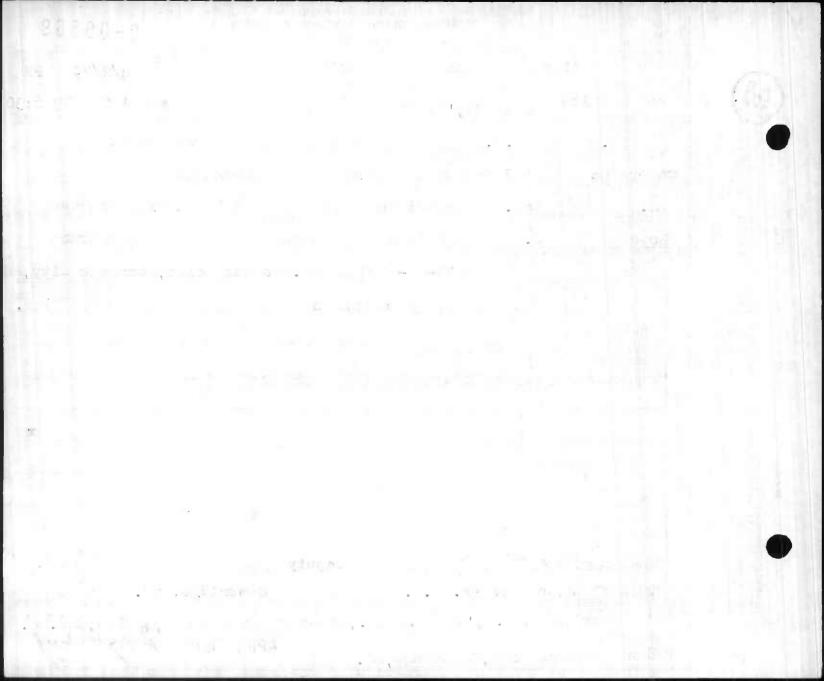
BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

1		FOR		STAT DEPARTMENT OF H	E OF MARYLAN	_	IF.	9-095	68	
8	1 - 3	STATE REGISTRAR		MEDICAL EXAMINI		ATE OF DEA		y - 1 3 3	0 0	
		CEASED NAME FIRE E OR PRINT)	ST	2LOYD	13LA	DES	20. DATE KNOWN OF ESTI- DEATH MATED		19 79	2b. HOUR
	3. SEX	MW	FEB	DAY YEAR LAST BIRTHDAY	Y) MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCED DEAD	4-28-	1979	2d. HOUR 2,10,0
6	-FOF	RTHPLACE (STATE OR REIGN COUNTRY) DELAWARE	E //.	S. A	MARRIED NEV	PER MARRIED DIVORCED	DOR<	FESTER	DEATH	MD.
3	1	TY OR TOWN OF DEATH	DA TO	HOSPITAL, NURSING HOME, JCH FACILITY, GIVE STREET ADDRESS)	CENE	509,	UAL OCCUPATION ( MOST OF WORKING LIFE)  A LES (  )	AN P	IND OF BUS	
6	130. 51	DEL INC	OUNTY	DN, GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN	YES T	NOX P7	EET ADDRESS	2031		
13		THER'S NAME	ROLD	BLATOES	CA	R'S MAIDEN NAME THERIN	E WIDDLE	BLA	LAST	
3	16a. W	VAS DECEASED EVER IN U.S ES, HO, OR UNKNOWN) (IF YES	S. ARMED FORCES? SGIVE WAR OR DATES!	166. SOCIAL SECURITY 222 20 5	10. 17. INFORM	NEE, B	ADDRI LADES - G	HZEENWA	oo i	)E
	NO	Conditions, if any, v gave rise to imme cause (a) stating the u lying cause last.	AUSED BY:  EDIATE CAUSE (a)  which diate nder- (b)  DUE TO  (c)	O, OR AS A CONSEQUENCE O	OF .	GIVEN IN PART 1 (a).	المداد	BET	pproámate ir Ween Onset A	VIERVAL IND DEATH
7	<b>IFICATION</b>	190. DATE OF OPERATION	19b. CC	ONDITION FOR WHICH OPERA	ATION WAS PERFOR	MED?			AUTOPSY?	NO []
3	SAL CERT	210. EXTERNAL CAUSE WAS	HOUR	AE OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		ACE OF INJURY (AT HOME, T, FACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
7		death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OF PRINT)	Natural causes X	MACE JR	Autopsy , , , cide , Hamic , Hamic , M.D. DE F	PECIFY)  OUTY MED	Inquiry X rermined monner  OICAL EXAMINER  13 /7 / De	ond in my opinion  DATE SIGNED  F  M  1	1/28	179
	(3	URIAL, CREMATION, REMOVED BY URIAL DIRECTOR	MAY Z	BETHEL BRIDGEVILLE	CHURCH C		OCATION ORTOWN OCTOWN OCTORNO PERSON	COUNTY CANCOL	STATE STATE	MD

86200-27

							ARYLAND						
	1-	FOR			DEPARTMENT OF I					7	9 - 0	956	9
		REGISTRAR	FIRST	MEI	MIDDLE			ATE OF D		REG. NO.			
22 - 2E		PE OR PRINT)	Zillah	n	Mae		rill		20. DATE KI OF DEATH A	ESII-	4/2	179	PM M
PRESTON STREE	3 SE	Fe	White 5.	DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTH		UNDER 24 H	RS. 2c. DATE PRONOUNC DEAD		il 2	19 79	2d. HOUR 6:30
NECES FUNER 5 FOR WITH W. PRESTO	7a. 8	OREIGN COUNTRY	a.	U.S.	HAT COUNTRY?	8. MARRI WIDOW	ED NEVER		_	recityoro		FDEATH	PINI MD.
LAY IS O THE PAGE E FILED	0	ambri	dge	203 Su	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)  nburst Hi	ghwa		_	USUAL OCCUPA FOR MOST OF WORKIN OMEMAK	VG LIFE)	WORK 12b.	KIND OF BUS OR INDUSTR	
RETAIN HOULD BI		AL RESIDENCE STATE Md.	136. COUNTY	Or.	13c. CITY OR TOWN Cambridg		13d. INSIDE CITY I	LIMITS? 13e.	STREET ADDRESS	inburs	st Hi	.ghway	,
PATH.	1	Boyd	ř	MIDDLE LAST PRIST EMMADEN NAME FRIST EMMA			AME	MDDLE Sasserman		1			
URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	160	WAS DECEASI YES, NO, OR UNKN NO	ED EVER IN U.S. ARME OWN) (IF YES, GIVE WA	D FORCES? R OR DATES)	577-26-2		17. INFORMA		ces Wol	ADDRESS Lfe,Po	ocomo	ke Ci	ty,Mo
XECUTED WITHIN 24 HO G". IN PENCIL IN ITEM 11 CAL EXAMINER ALONG 1 BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL—	No	Candition gave in cause (c lying ca	ans, if any, which rise to immediate a) stating the <u>under-</u> use last.	Y: CAUSE (a) C C DUE TO, OR DUE TO, OR (c) C	AS A CONSEQUENCE C	DF DF		VEN IN PART 1 (c	9).			approximate detween onset Few M	AND DEATH
	MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORME	D?			20	0 AUTOPSY?	ио 1
CERTIFICATE SHOTING THE WORD DED TO THE CH S 3 SHOULD BE U DEPARTMENT OF	AI CERT	UNDERLYIN	AL CAUSE WAS GOR ING CAUSE OF DE		MONTH DAY YEAR	21c. HC	OW INJURY O	CCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)		
E, WRITING E, WRITING RWARDED T PAGE 3 SH STATE DEPA	MEDIC	21d. INJURY		21e. PLACE	OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	11	CITY OR TOWN	١	COUNTY		STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	2-	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME Tohm	Mace	Accident , Sui		Hamicide TITLE (SPEC DEPUT	CIFY)	Inquiry Indetermined man	ner,	DATE SIGNED	4/3,	179
BP	24. 1	UNERAL DIRE	Burial	Apr.5,		ts.	Camet	ery E	Bast Sh	ore, E		n Dor	.Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73		Thomas	Funeral	Home . C	Cambridge.	Md.		AP	K11 197		"[]"		7



	6
	=
	hou
	24
	.5
	ŧ
	70
	9
	Gec
	0
	q
	ofe
	Pfic
	9
	£
	deo
	e
	=
	tho
	Je s
	5
	J.
	0
	he on.
	J. T
	Ahy
	2 6
5	H
	d te
	Z
	90
-	TE
	ATA
	OR of
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affrefained by the hospital or attending physician.
	PIT
	OS
	H
	0 6

	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO	79-09570
	(TYPE	EASED NAME FIRST ENDS	H. Ca	MPER	20. DATE OF DEATH	MONTH DAY / YEAR 2b. HOUR 1 20 1 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20
	3. SEX	MALE	NESTO S. DATE C		77	MONTHS DAYS HOURS MIN
35	CC	M4.	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D DIVORCED	PORC	HESTER
103	0	AmbridaE	NAME OF HOSPITAL, NURSING HOME OF	HOSP	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
35	13a. S	Mail Do	TRE INSTITUTION, GIVE RESIDENCE AS THE AND SIGN)	YES NO 1	P.C. 17	8- VIENNA M
090	JA FA	THER'S NAME FIRST  ###################################		DOLL V	WIDDLE	WRIGHT
1		(IF YES, GIVE WA		MURITLE C	AMPER	WIE WNAI MA
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUITIONS CONTRIBUTING TO DEATH BUT	Peripher &	Usese . Dz	DITION GIVEN IN PART 1(0)
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
9	AL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	y IN ITEM 18, PART 1 OR PART 2)
	MEDIC	21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	215. LOCATION STREET	CITY OR TOW	N COUNTY STATE
		22a   certify that ( ) (this haspital) sow the deceased alive on obove, ( ) (we) (did) (did not) vi 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PRI	when body after death. 19 7 9, or	DEGREE ATTENDING	mEDICAL STAF	
1		VINODRAI	MEHTA.	400 AURO		ET Campridge
	(5	BURIAL.	4/9/79 INT. P	EASANT	23d LOCATION CITY OF TOWN	DOR, THE
de	24 FL	INAME ROAT ALIST	1 A ADDRESS INTE	1 VIII d. 250. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

01200-01 11 mile / Leave 3-19-1922 MIN TO THE STORY CAMBRIDGE FOR SERVINGEN LASSES Med Box. Exercise to The 178 de ser Med Sonn Henry Emmores Dock AND STREET STREET VILLE VILLE VILLE PURIAL 4/9/79 WITH VARAGAME SALEM INCH THE AH GOLEVER CARRESCUE CONTRACTOR HOLDER

4- 1	] - :	FOR STATE REGISTRAR	MEL		OF MARYLAND EALTH AND MENTAL R'S CERTIFICATE	HYGIENE OF DEATH	79 -	-09571
	(TYPE	OR PRINT) WILL!		OLIVER	CLARK	DEA	TH MATED	1-2 1979 3P
	3. SEX	ATHPLACE (STATE OR	5. DATE OF BIRTH  24  76. CITIZEN OF WH	24 6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS	MIN. PRONC	OUNCED SAD	-2 19 P 3P N
NECESS FUNERA 5 FOR WITHIN	FOR	Modern (Country)	U.S.A.		MARRIED NEVER MARI	CED D	ORCHEST	TER MO
PAGE PER PAGE PER PAGE PER PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	4	MBR194E	DORCH DORCH		FUERAL	FOR MOST OF Water		ORK 126. KIND OF BUSINESS OR INDUSTRY Seafood
AND 3 AND 3 HOULD RECORD	130. S1	ATEM D. Queen	ROTHER INSTITUTION, GIVE L'Anne	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADI		
DEATH.	14. FA	THER'S NAME FIRST	Otten	Clark	15. MOTHER'S MAIL Grace	DEN NAME	MIDDLE	rimes
AFTER I	16a. W {YE	AS DECEASED EVER IN U.S. ARA S, NO. OR UNKNOWN) (IF YEARS)	AED FORCES?	216-18-86		stevens	RO3 Box43	Felton, Del 19943
BE EXECUTED WITHIN 24 HC DING" IN FENCIL IN TIEM I BOLGLI EXAMINER ALONG S. A. BURIAL: RANSIT PERMI TH AND MENTAL HYGIENE, IATION, OR REMOVAL.	NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PARY 2 OTHER SIGNIFICANT CONDITIONS (	(b)	AS A CONSEQUENCE OF		PART I (a).		BETWEEN ONSET AND DEATH
SHOULD BORD CHIEF ME CHIEF ME USED AS OF HEALI	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERAT	TION WAS PERFORMED?			20. AUTOPSY?
STIFICATE SHOWED THE WORE SHOULD BE US PARTMENT O IOR TO BURIAL	MEDICAL CER	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED	P.M. 21e. PLACE C	MONTH DAY YEAR  19 PENJURY (ATHOME,	21c. HOW INJURY OCCURR 21f. LOCATION	RED (ENTER NATURE O	FINJURY IN ITEM 18 PART 1 (	OR PART 2)
LEXAMINER: THIS CE ECERTIFICATE, WRITH OULD BE FORWARD LL DIRECTOR: PAGE 3 H, WITH THE STATE DI MARYLAND, 21201 PR	ME	WHILE AT WORK AT WORK  22a. 1 certify that I taak charg death resulted from Nature  ACTUAL SIGNATURE	STREET, FACT	ORY, FARM, ETC.)	Autapsy Inspection of TITLE (SPECIFY)  M.D. DE PUT		manner ,	ounty State state ATE GNED  ATE
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT	23a.Bl	EXAMPLE SHAME OF	4NM.	ACEUR 1234 NAME OF CEME	ADDRESS TERY OR CREMATORY	23d LOCATIO	DAFA	1 D
BP	(2	buria L	4-5-79	Stevensville ox 67	Lie (em.)	REC'D. BY REGIS	TRAR 256. REGISTRAL	A MSTATE  R'S SIGNATURE
(VR A15 ME (5)) 30M 7/73	H	"elfenbein-Hubb	pard F.H.	Chester,	Md. 21619	APR9 1	979 pur	- County

ueen nue X constant serond Januar Sina serond Januar Sina serond Januar Sina serond Se

on of

Phile on pastery of a march section, a

	~	1	
12	en.	1	
à	1	1	
p	1/5	L.	

## STATE OF MARYLAND

STATE OF MARYLAND	7 7
EPARTMENT OF HEALTH AND MENTAL HYGIENE	79-09572
ICAL EXAMINER'S CERTIFICATE OF DEATH	13.00

	1-	FOR STATE			EPARTMENT OF				79-	095	14	
		REGISTRAR		MED	ICAL EXAMIN	IER'S C		OF DEATH	REG. NO.			
		CEASED NAME			WIDDLE '		LAST	2a. DATE OF	KNOWN K	MONTH D		2b. HOUR
			Olive	Cr	awley	Cor	nway	DEATI	H MATED	4-12	2-1979	AM
8.1	3. SEX		4. RACE	5 DATE OF BIRTH	4. AGE (IN YE					MONTH D	AY YEAR	2d. HOUR
	H	emale	Negro	3-7-19	01 75	RS.	DAYS HOURS	MIN. PRONOL		11 12	2,1979	12:3
20	7e B1	RTHPLACE (ST.	ATE OR	76 CITIZEN OF WHA	AT COUNTRY?	S. MARRI	ED NEVER MARK	9. BALTI	MORE CITY OF			AM
0		Md.		USA		WIDOW			rchest	ar Co	7-	
07	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME	OR OTH	ER INSTITUTION	12a USUAL OCC	UPATION (TYPE	E WORK 112h	KIND OF BU	ISINESS
3		ambric	_		nester Ge		al Hosp.	Fact	ORKING LIFE)	rk	OR INDUSTR	ξΥ
A	130 S	TATE	13b. COUNT	Υ	RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS			
-		Md.		or.	Cambride	50	YES NO	1	ne St.			
91	14. FA	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	THE ROLL	LAST	
41		John			Wright		Iria			Jor		
1	16a. V	VAS DECEASED	EVER IN U.S. ARM		166. SOCIAL SECURIT		17 INFORMANT		APPRESST	Pumr	ohrev	Dr.
		No			22-010-6	158	Milton	Jackson	Fair	fax,	Va.	22032
		18. CAUSE OF	DEATH (Enter only	one couse per line f	ar (a), (b), and (c).)						APPROXIMATE	INTERVAL
		PARTIDE	ATH WAS CAUSED	BY:	onary occ	lust	on				Few I	Mins.
		410			S A CONSEQUENCE				21976		1011	
			s, if any, which e to immediate	(b)								
		couse (a)	stating the <u>under-</u>	( )	S A CONSEQUENCE (	OF	,					
		lying caus	se last.	(6)								
		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	APT 1 in				
	NO	11-20-21						7 (2)				
	CERTIFICATION	190. DATE OF OPERATION 198. CONDIT			ON FOR WHICH OPERATION WAS PERFORMED?					12	0. AUTOPSY?	,
04	IIFIC										YES 🗆	NO X
2	CER	210. EXTERNAL	_	21b. TIME OF I		21c. HC	W INJURY OCCURRE	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	125	110 22
~		UNDERLYING	OR IG CAUSE OF D		MONTH DAY YEAR							
31	MEDICAL	21d. INJURY O	CCURRED	21e. PLACE OF	INJURY (AT HOME,		ATION					
	×	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	RY, FARM, ETC.)	S.	REET	CITY OR T	NWC	COUNTY		STATE
			- TORK									
	10			of the remains descr		Autops	y 🔲 , Inspectio	n X, Inquir	, X, and	in my apinia	n	
		death resulte	d fram. Naturo	I causes 🔼 , 🗡	Accident L, Sui	icide	Homicide	Undetermined n	nanner,			
		ACTUAL	4	2/1-	0		TITLE (SPECIFY)			DATE 1	. /22 /	20
		SIGNATURE_	fon	n//w	El X	M.	Deputy	MEDICAL EXA	MINER	SIGNED	1/13/	19
2	d	EXAMINER'S	AME John	n Mace J	r. M.D.		ADDRESS Camb	oridge,N	ld. 216	13		
	23a.BL	JRIAL, CREMATI	ION,REMOVAL 23	b. DATE	23c. NAME OF CEA	AETERY OF	CREMATORY	23d. LOCATION		COUNTY	STA	ATE
		Bur	rial	1/15/79	Bethel	AME	Cemetery	Cambr	1des 4	ton .	6.00	
	24. FU	NERAL DIRECT	OR	ADDRESS			25a. DA	PR 2 6999	短短	Hillings	Wildeland	9
	L.	H. Bos	rdley	603 Wash	n. St. Ce	mbri	dge Md.		BUNG	/	1	

BP. DHMH - 17 (VR A15 ME (5)) 15M7/77

12-21		Tannes	Tail and the	NV ALEO	
ing in	Lings				alara
•	Sold a differ				
	Mathe Africana	· Hann tare	in a lara saon		
	.74 enii 600 i	X III	og/21-108	06	.61
il en		antests as a	116,266		hato.
	Chillis anasons	noville je i	La (19 - (2)		
			Lose, gerrage		
			1		
				x I III	
22 J L					
) t ) t	Elillo .tm . synderto				

within 24 haurs afte

executed

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital ar attending physician.

# STATE OF MARYLAND

00573

	1	STATE REGISTRAR		RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1-03310
		CEASED NAME FIRST ORPRINT) Pala	M of	· Dembu Sr	20. DATE OF DEATH MO	-4-79
	3. SE	MALE	NEG-RO	5. DATE OF BIRTH  MONTH  4-10-1904	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS
35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED L	DORCHA	ESTER
3	C	IMBRIDGE	DOR I GE	N. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
335	130 9	AL RESIDENCE (IF NURSING HOME OF STATE)	NTY 13c CUTY OR TO	THE, YES P NO		RNSH DR
91	14. FA	HENRY -	MIDDLE DEM	15. MOTHER'S MAIDEN N  FIRST	WIDDLE	SACKS ON
medica	16a V		RMED FORCES? 166 SOCIAL SE 214-07	7-875 LAURA	Denby C	And I THE
njury, ar ather frau	NO	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSTRUCTION OF THE CONTRIBUTING TO CONTRIBUTION OF THE CONTRIBUTION OF	DUENCE OF  O DEATH BUT NOT RELATED TO THE TER	4/	ION GIVEN IN PART 1(0)
ar fuo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES NO
9 may 9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.		URRED (ENTER NATURE OF INJULY IN	HTEM 18, PART 1 OR PART 2)
_			21e PLACE OF INJURY			COUNTY ST
arked ar	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	2 10 -	CITY OR TOWN	40
n 21 is marked ar F	ME	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasp sow the deceased glive or obove, (1) (we) total (3) id ny	oital) attended the deceased from	m 29-, 19-73	9 , to 4 a 4	ond hour and from the causes sta
NT: If them 21 is marked ar	ME	WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp saw the deceased glive or obove, (1) (we) fold (Vid ny 22b. SIGNATURE)	oital) attended the deceased from	m 29 19 19 19 19 19 19 19 19 19 19 19 19 19	9 , to 4 a 4	ond hour and from the causes sta
MPORTANT: If them 21 is marked an	ME	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasp sow the deceased glive or obove, (1) (we) total (3) id ny	oital) attended the deceased from	DEGREE  ATTENDING	n death accurred on the date	ond hour and from the causes sta

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

£ 1881-0; 11.56.60 4-10-104 AGO DE CAMPAGE TERM GENT HOSPI LABORES Mid BERG CKIMES 941 CERNSH ERG Marky Coles - Back on 24-9-175 KAULE I COMP CLEAR BY THE ENGINE HOTT ANTISCE CEMILE, MARIETORI THE Life Denicate & or ware layer mile his 18 375 to the

1	FOR
	REGIS
1. DE	OR PRINT)
3 SE	×
J. JL.	M
7o. B1	RTHPLAC
Do	rch
10 CI	TY OR TO
(	amb
130.5	TATE
14 FA	THER'S
	Wash
160 V	VAS DEC
	No
	18. CAL PAR
	4:
	Condi gove
	couse
	DARTO
NO	PARIZ
CATI	19a. DA
RTIF	
E	210. ACI
ICAI	(IF EITHE
MED	WHILE
	22a. I ce
-	22b. SI
	22b. SI
	17.
100	22d. PH
	1. DE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09574

	REGISTRAR			CEKITI	ICATE OF DEATH	REG.	409	1331		
T,	DECEASED NAME FIRST	0	MIDDLE		LAST	20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR	
ľ	Amile			Dis	Hon	april	16.19	79	1030	- M
3.	SEX	4 RACE		5. DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR		_
L	Male	N	egro	Feb.		90	YRS.	MONTHS DAYS	HOURS	AIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
	Dorchester Co. U.S.A.		WIDOWI		Dorches	ter			MD.	
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS	OR
	Cambridge		ster Gene		ospital	Farmer	II OI WORKING EI	Farm		
13	SUAL RESIDENCE (IF NURSING HOME 30 STATE 13b, CO		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e. STREET ADDRES	is		TIS LINE	
1	Maryland Do:	rchester	Vienna	7 1	YES NO X	Rt. 1, B				
14	FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LA!	SI	
1	Washington Du				Nancy Pinke	ett				
16	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS Vie	nna, Md	. 2186	9
L	No		217-30-	7628A	Mrs. Elizabe	eth Stewar	t, Rt.			
	18. CAUSE OF DEATH (Enter		line for (0), (b), and	ال المال	) 1 W7	¥1.000		APPROX BETWEEN	ONSET AND DE	ATH
ı	PART I. DEATH WAS CAU	ATE CAUSE (0)	on reste	ue h	cent spoller	e				
L	4291	DUE TO Ø	PAS A CONSEQUE	AICE OF	1 1	~				
L	Conditions, if any, which	( (b)_	Recent	nee	Kenth de	erre				
	gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	1					
П	underlying couse lost.	(c)_	Lanen	vi-xl	d Arles	issolve	2515			
Ι.	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 1	01	
3		Hzotemin								233
1	190. DATE OF PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI		
						YES NO	-	ES 🗌	NO 🗌	
		DEATH HOUR A	OF INJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN	AJURY IN ITEM 18,	PART 1 OR PART 2)		
13	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.	м.	19			112			
1 5	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
Г	WHILE NOT WHILE AT WORK		1 7 3 6 6							
L	220.1 certify that (1) (this has		e deceased from_	12-	19 19		16	. /	that (I) (we)	
Г	sow the deceased of above	e body	ofter death.	/	nd that in (my) (our) opinion (	death accurred on the	dote and ha			d
E	22b. SIGNATURE	-		m-	DEGREE ATTENDING .	MEDICAL S	TAFF	22c. DATE	SIGNED	
	1546	Letto		171-	PHYSICIAN	DIRECTOR PHY				
	22d. PHYSIC1	OR PRINT)			22e ADDRESS					
1								-	West S	- 11
23	Burial, CREMATION, REMOVA	AL 23b. DATE	23c. N	IAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	TALL TO	COUNTY	STATE	
L	Burial	Apr.	20 1979	Vienn	a Cemetery	Vienna	Donah		Marul	and.
24	FUNERAL DIRECTOR		F	edera	1 shure 250.043	BEODOBY REGISTIK	AR 75h 14345	ERAE'S SELVAN	划在 多	

216 N. Main St.

DHMH - 16 50M 7/77 (VR A 15 (4))

Framptom-Hawkins Funeral Home.

BP.



	TO 12821			
		delegal I to the		
	10000		Timpuli.	
				- Mines
声音 (1964)				
	L. C. THE WORL OF KAKU	THE STATE OF THE SECOND		
		+ Ash A Institute		
				11111
	San James Sant	e Vandencille		

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

## FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	0	9	5	7	5
---	---	---	---	---	---	---	---

									REG. NO	J.			
	ECEASED NAME PE OR PRINT)	FIRST	. MI	DDLE	LAS	i ,		2a. DATE OF	DEATH	MONTH	DAY YEAR	2b. H	OUR
	E OK PRINT)	Bealing	Mile	FRANK	Wi	FOR	D		4	4	15 T	1 9	1
3. SE	EX .	J 14.	RACE	1 Kilialel	5. DATE OF	BIRTH		6. AGE (IN YE	ARS LAST BIRT	HOAY]	IF UNDER 1 YE	AR IF UN	DER 2
	MALE		Whit	e	APRIL	DAY	1885	4	74	YRS.	MONTHS DA	YS HOU	RS
0 )		OR FOREIGN 75	CITIZEN OF W	HAT COUNTRY?	8	□ NEVED	MARRIED [	9. BALTIMO	RE CITY O	R COUN	Y OF DEATH		3177
55 1	DA POUL	La Mil	115	a	WIDOWED		OIVORCED	Do	OC ILS	CTE	0		
10 0	ITY OR TOWN OF	DEATH 11		OSPITAL, NURSIN	G HOME OF	- Control		12ª USUAL	OCCUPATE	ON		D OF BUS	INES:
036	7		(JENOT IN SUCH	EACILITY, GIVE STREET A	ADDRESS)		11.0	- Constitution		WORKING	HEE) INDUST	RY	
1	JAL RESIDENCE (IF	AND SANG HOME OF OT	JORC	HESTEK	LOE A	JERA	L HOSP.	FIT	RME	~			
2 130.	STATE	136 COUNTY	I I	13c CITY OR TOWN	N 1	34. INSIDE	CITY LIMITS?	13e. STREET	ADDRESS	/	re.		
14	M.	Ke	at	ROCK HA	166	YES K	№ □	Li	BERT	y )	TREET	pin .	
11/ 14. F	ATHER'S NAME	MIDI	DLE	AST		15. MOTHER	R'S MAIDEN NAM	/E	WIOOFE			LAST	
M	THOMA	4		FORD	5	H	ESTER			N	100 RX		
16a	WAS DECEASED E	VER IN U.S. ARME		66 SOCIAL SECUI	RITY NO.	17 INFORM	ANT		ADDRE	SS ·	Box 15	73	216
-fe	(YES, NO OR YNKHOWN	(IF YES, GIVE WA	AR OR DATES)	220-02-	-444-	Mrs	Elizal	·LIF	Ross	10.	PAKI	1.11	11/
	Tu cause or n	54711.5		1	111-4	1113	· LILLIA	77/	13.90	35.71	APPI	ROXIMATE I	NTERV
		PEATH (Enter only of TH WAS CAUSED B		ne for (o), (b), one	d (C1.)	<	1:	10 mil	d		BETWE	EN ONSET	AND DI
	marks on	IMMEDIATE (	CAUSE (o)			-	epu	ema	JGK				
	1377	0	DUE TO, OR	AS A CONSEQUE	NCE OF	0 .	00/1		7 /	17			
	Conditions, if		( ıb)			ossil	He Unu	eary/	· My	lecle	524		
	gave rise to		DUE TO OR	AS A CONSEQUE	NCE OF			0	-				
	underlying c	ouse lost.	(6)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	PART 2 OTHER	SIGNIFICANT COI	NDITIONS CON	NTRIBUTING TO D	EATH BUT N	OF RELATE	D TO THE TERM	NAL DISEAS	E OR CONI	DITION G	IVEN IN PART	1(0)	
Z	AS	CV2	with	& A. F.	Pail	ortes	7/						
CERTIFICATION	190. DATE OF OP	ERATION		ION FOR WHICH	OPERATION	WAS PERF	ORMED	20a AUTO	OPSY?	20b. IF Y	ES, WERE FIN	DINGS U	ISED
7 5								VEC E	NOD		IFYING CAUS		
4 5	21g. ACCIDENT WA	S LINOSPIVING	21b. TIME OF	INITIPY		71r HOW I	NJURY OCCURR	YES -	NO		YES		
0 0		CAUSE OF DEATH		. MONTH DA	Y YEAR	216.110441	NOOKT OCCORR	ED (ENIEKNA	TURE OF INJUR	T IN IIEM IS	, PART I OR PART	21	
9	(IF EITHER, NOTIEY		P.M		19	595-							
CAL													STAT
AEDICAL	21d INJURY OC		21e PLACE O	ET, EACTORY, OFFICE, FA	ARM, ETC.)	211. LOCAT STREE	T		CITY OR TOW	/N	COUNTY		STATE
MEDICAL	WHILE CO N	OT WHILE AT WORK	(AT HOME, STREE	ET, EACTORY, OEFICE, FA	ARM, ETC.)	211. LOCAT STREE	T		CITY OR TOW	/N	COUNTY		SIAI
MEDICAL	WHILE N	IOT WHILE	(AT HOME, STREE	ET, EACTORY, OEFICE, FA	ARM, ETC.)	211. LOCAT STREE	, 19	, to	CITY OR TOW	/N		, that (	
MEDICAL	WHILE NAT WORK 220.1 certify the	ot (I) (this hospital)	(AT HOME, STREE	deceased from	ARM, ETC.)	STREE	T				., 19	,	1) (we
MEDICAL	22a. J certify the sow the de obove, (I) (w	not while at work  of (I) (this hospital) ceosed alive an eve) (did) (did not) v	(AT HOME, STREE	deceased from	ARM, ETC.)	that in (m)	19				, 19 our and from	,	I) (we
MEDICAL	WHILE NAT WORK 220.1 certify the	not while at work  of (I) (this hospital) ceosed alive an eve) (did) (did not) v	(AT HOME, STREET) attended the	deceased from19	ARM, ETC.)	that in (m)	y) (our) opinion o	eath occurre	d on the do	ote and he	22c, DA	TE SIGN	I) (we s state
MEDICAL	22a. I certify the sow the decobove, (1) (w	of (I) (this hospital) ceosed alive an ve) (did) (did not) v	(AT HOME, STREET) attended the view the body o	deceased from19	ARM, ETC.), onc	that in (m)	, 19, 19	eath occurre	d on the do	ote and he	22c, DA	the couse	I) (we s state
MEDICAL	22a. I certify the sow the decobove, (1) (w	OT WHILE TAT WORK  It (I) (this hospital)  ceosed alive an wee) (did) (did not) vee  S NAME (TYPE OR PR	(AT HOME, STREET) ottended the riew the body of COLLEGE (RINT)	deceased from	ARM, ETC.), onc	that in (m)	, 19, 19	eath occurre	d on the do	ote and he	22c, DA	TE SIGN	I) (we s state
	22a. I certify the sow the decobove, (1) (w	OT WHILE TAT WORK  It (I) (this hospital)  ceosed alive an wee) (did) (did not) vee  S NAME (TYPE OR PR	(AT HOME, STREET) attended the view the body o	deceased from	ARM, ETC.), onc	that in (m)	, 19, 19	eath occurre	d on the do	ote and he	22c, DA	TE SIGN	I) (we s state
230.	WHILE NATIONAL NATION	of while at the distribution of the consecution of	(AT HOME, STREET) ottended the riew the body of COLLEGE (RINT)	deceased from	, onc	that in (my EGREE 22e. ADDRE	, 19, 19	MEDICAL DIRECTOR	d on the do	ote and he	22c, DA	TE SIGN	I) (we s state
230.	WHILE NATIONAL NATION	OT WHILE TO AT WORK  It (I) (this hospital)  ceosed alive an wee) (did) (did not) vee  S NAME (TYPE OR PR	(AT HOME, STREET) oftended the body of sauce (AT HOME, STREET)	deceased from	, onc	that in (my EGREE 22e. ADDRE	ATTENDING PHYSICIAN DESS	MEDICAL DIRECTOR	d on the do	ote and he	22c, DA	TE SIGN	I) (we s state

BP DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

TO HOSPITAL

79-09575	MONEY CONTRACTOR OF THE SAME AGE TO DAY HERED		
	Car	To the second	
A CONTRACTOR		The same	
	THE PART OF THE PA		
A Bath was			Tua IIII.
			Zasta
Mary State Walnut	and have so which	State 1	
	ATA CATEGORIAN		

FOR

REGISTRAR

I. DECEASED NAME

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND

LAST

WAUGH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH DORCHESTER 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PHILLIP LAST BOZMAN CAMBRIDGE. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED CAMBRIDGE. MD. CAMBRIDGE DOR. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH-16 60M 1/73 (VR A 15 (4))

37-11-04 2 The second of th  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 20204 0 9 5 7 1 2b. HOUR Month LL Doy 1 Year IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR DAYS HOURS lost birthdoy) 30 12b. KIND OF BUSINESS OR life, even if retired.) INDUSTRY 13e. STREET AND NUMBER 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) County

and that in (my) (aur) apinian death occurred an the date and have and fram the

22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. PHYS. DIRECTOR

22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)

> THE NAME OF CEMETERY OR CREMATORY EM

> > 2So, REC'D BY REGISTRAR

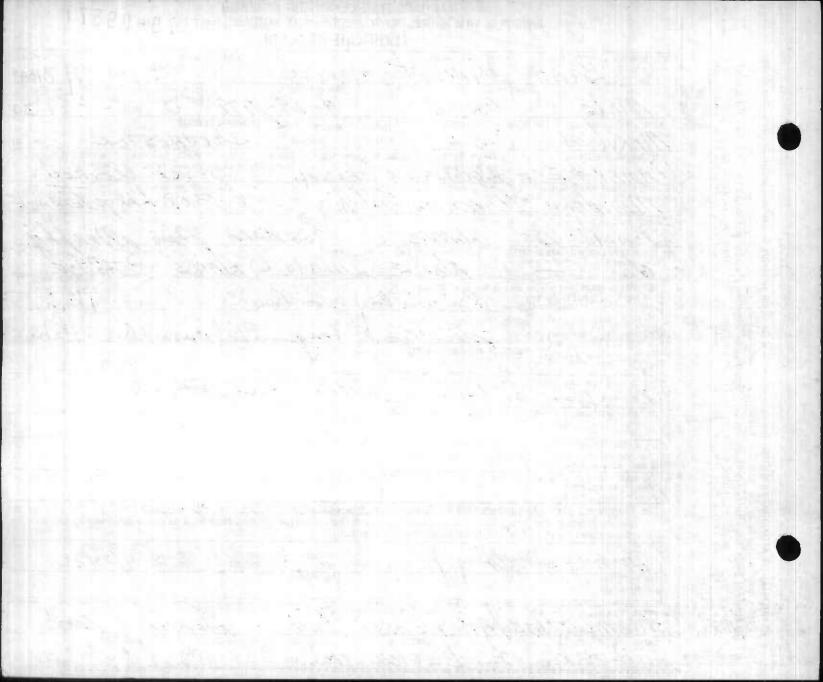
23d LOCATJON (City or Town) (County) (State) 25b. REGISTRAP

VR A15 (4) 30M REV, 1/68

director, poge 3 should be filed v

S SIGNATURE

Stote



completely filled in by the funeral d

must be notified at ance

injury, ar ather traumatic event, th

or removal.

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09578

APR 20 1979

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
1. DECEASED NAME FIRST	MIDDLE	Jones	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 4 18 79 10.45 AM
3 SEX	4 RACE While	5. DATE OF BIRTH MONTH  12  28  6	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
70. BIRTHPLACE STATE OR FOREIGN COUNTRY TENN	76. CITIZEN OF WHAT COUNTY	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	DADATTE	R COUNTY OF DEATH STER MD
CAMBRIDGE	11. NAME OF HOSPITAL, NUR (IF NOT INDICH FACILITY, GIVE STI	RSING HOME OR OTHER INSTITUTION REAL HOLDITAL CEN	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c. CITY OR TO	OWN 13d INSIDE CITY LIM		
14. FATHER'S NAME FIRST JOSEPH JONE	MIDDLE LAST	15. MOTHER'S MAIDE  IDA E.	AMROSE MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	IVE WAR OR DATES)	1 41 44 4	ORDIA JONES	FRUITLAND, MD
PART I. DEATH WAS CAUS	anly one cause per line for (a), (b) SED BY ATE CAUSE (a)	to Respiratory	Pailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
492 - Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF CO	02	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF Emp	chipseura	
	conditions contributing	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED			CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
saw the deceased alive a	pital) attended the deceased fra in			, 19, that (I) (we) last ate and hour and fram the causes stated
22b. SIGNATURE	Cauma	DEGREE  ATTENDI PHYSIC		
22d. PHYSICIAN'S NAME (TYPE	anman	22e. ADDRESS		
230. BURIAL, CREMATION, REMOVA	123b. DATE 2	3. NAME OF CEMETERY OR CREMATE SPRINGHILL GRA	CITY OR TOWN	BURY MD . STATE

20.79

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remave carbanpapers. P

PHYSICIAN: The attending ph

OR ATTENDING

TO HOSPITAL

retained by the haspital ar

BP.

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

marked or them 18 shaws

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with at Health and Mental Hygiene priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 retained by the haspital ar attending physician.

6 3 0

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-09579

			CE	RTIFICAT	E OF DEATH	19-1	) ] ] ] [				
		Ype or print)  JOHN	Middle	1	KURCAP	2a. DATE OF DEATH Manth 4 Doy/	5 Year 79 26. HOUR 12:30 AM				
	3. SE.	X Male	4. RACE White	5	Dec. 27,18	393 las birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.				
6	coun	Maryland	U.S.A.	WIDOWED	DIVORCED	COUNTY OF DEATH DORCHESTER	Md.				
CO		or town of death Cambridge	11. NAME OF HOSPITAL OR INST give street oddress)	r Gene	ral Oiler		12b. KIND OF BUSINESS OR INDUSTRY <b>Yaritime</b>				
5		USUAL RESIDENCE (Where deceosed ission) STATE Maryland	13b. COUNTY Dorchester	Cambi	idge YES NO	Rt.2, Box					
70	14. F	Anthony	Middle Kurcap		MOTHER'S MAIDEN NAME Firs Apaloni	Middle	Marak				
	160. (Y	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, a grunknawn)  (If yes give war or dates of service)  (If yes give war or dates of service)  217-14-6357  Mrs. Sophia Kurcap, Same as #13									
-	2.7	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE		0111	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH #/9/79				
	DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave)  OR APPENDING APPENDIN										
1		rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF								
	2	PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)					
2	CERTIFICATION	19a. DATE OF OPERATION 19b. COM	NDITION FOR WHICH OPERATION WAS PER	FORMED	2Da. AUTOPSY? YES NO NO	2Db. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING				
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, natity medical examiner)		21c. HOV	/ INJURY OCCURRED (Enter r	nature of injury in Part 1 or Port 2, Ite	m 18.)				
		21d. INJURY OCCURRED 21e. PL/ While Not-while 1 at wark at wark	ACE OF INJURY ( AT HOME, FARM, STREET, FACT	ORY,) 21f. LOCA	ATION Street or R.F.D. No.	City or Town	County State				
		22a. I certify that (1) this is	haspital) attended the decease an19 (we) (did) (did no)) view the b	79. and	that in (my) (aur) apin	ian death accurred an the date	(we) last and haur and fram the				
		226. SIGNATURE G	228. SIGNATURE  Wichiael G, Modernic Begre ATTENDING MED. STAFF 22c. DATE SIGNED 179  Wichiael G, Modernic Begre PHYS. Director PHYS. D 4/16/79								
		22d. PHYSICIAN'S NAME (Type) NOMA	er A. Mosiker	wic2	22e. ADDRESS 6	AURORA ST.	CAMB. Mo				
			17-79 St. S	tanis	Latis Cem.	23d. LOCATION (City or Town)  Balthmore	(County) (State) City Md.				
M	24.	FUNERAL DIRECTOR  Curran Funer	ral Home Cambr	308 Hi idge,		REGISTRAR 150 REGISTRAS SI	Helredy				

DHMH - 16 3/72 25M (VR A15 (4))

BYEGLE				
		3X . 5		mint Til
	20. 27,1495 85			
				tana Lycant
AMIS AND E	erl?-vell0 fs	renel menapita	1707	Cambridge
	Catt y Logo	ind=af dusas	donel	handy and
MOTES.	simplana	george		ynchina
F1 2: 9:	ak centi plant.	7-14-6357 hts		88

risl 4-77-70 st. Dtenislads Cem. 308 Night St. crea. Sumerel Nome Coloratoge, 5. 4 p. p

-

STATE OF MARYLAND DEPARTMENT CEF

OF HEALTH AND MENTAL P	IYGIENE REG. N	79-	09	58	U
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	21

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 79 -	-09580
	DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(	TYPE OR PRINT)  Mary	r T.	Lecompte	Apr	.20, '79 10 P.M
3	Female	White	5. DATE OF BIRTH MONTH DAY YEAR MAY 22 1894	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1.	BIRTHPLACE STATE ORFOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?			
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
10	Cambridge	Dorchester (		Homemaker	
13	SUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOW		000	reet
14	FATHER'S NAME FIRST George	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	LAST
16	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	Lley Alwi URITYNO. 17. INFORMANT	ADDRESS 311	Mill street
L	(YES, NO OR UNKNOWN) (IF YES, GIV	217-10	0-8097 George		bridge Md
	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	CVD - UR	ERMINAL DISEASE OR CONDITION	BETWEEN ONSET AND DEATH
TO A THOM	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{T} \)
	OR CONTRIBUTION CO. CAUSE OF DE	HOUR A.M. MONTH D	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
1000	OR CONTRIBUTING CALEXAMINER  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		nitol) attended the deceased fram	, 19 and that in (my) (aur) apid	, to, to	, 19, that (I) (we) last hour and from the couses stated
V	22b. SIGNACE	ar Kuly	ATTENDIN PHYSICIA		22c. DATE SIGNED
1	22d. PHYSICAN'S NAME (THES		22e ADDRESS		
23	Burial, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
24	Thomas Fune:	ral Home, Cambi	25a.	DAMPROZY 6999 TO REG	perfect to the oly

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arremoval.

MRONTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natified.

after

executed

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

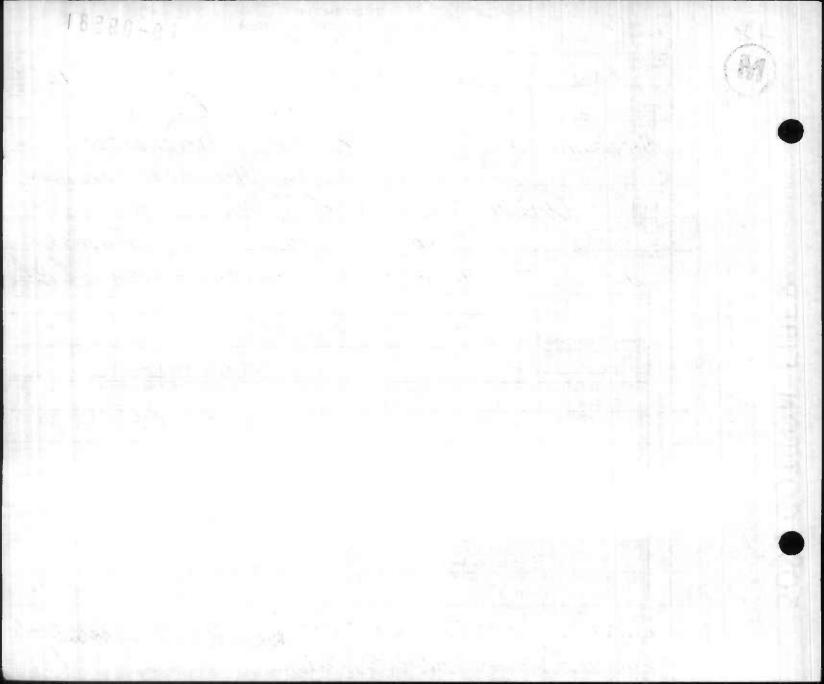
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09581

	REGISTRAR			REG. N	0.
1.0	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
- ("	TYPE OR PRINT)	1.1	++10+00		4 25 79 10.30
2.5	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
1,	3EA	. NACL	MONTH DAY YEAR	W. ACE (IN TEAMORE SIN)	MONTHS DAYS HOURS MIN
	Temale	white	08-30-92	804	YRS.
20.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	Maruland	u.S.A.	WIDOWED DIVORCED	Digr	chester "
10.	CITY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a UŞUAL OCCUPATI	ON 126. KIND OF BUSINESS O
no	I a a b - das	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
	SHALDESIDENICE (IE MILEGING MONIE OR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A	use asg. rac.	170436011	E OWN THAT
	a STATE			13. STREET ADDRESS	. 0 /
9	Md. Viere	ESKER Snow H	YES NO	2035, W	ashington St.
14.	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	/	
	John	Webh	Anni	MIDDLE	Furniss
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRE	SS
lad.	(YES, NO OR WENDWN) (IF YES, GIVE	E WAR OR DATES)	11 Albantal	M. U.	Can 114/ 101
	110	24/124/4	8 MINERIAL	Machie	3000 1711 1911
1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), and (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a)	1 Houchops	eumorus	R.
	1631-	DUE TO, OR AS A CONSEQUEN	ICE OF		
	Canditions, if any, which	1	CVA		
	gave rise ta immediate	(b)		2 /	
	underlying cause last.	DUE TO, OR AS A CONSEQUEN	Generalized ,	Dikum	00000
1,		CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
ō	Elganic /	slaw Syndron	u, MICUL	,	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 5				YES NOT	YES \ NO \
1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	0	tand tand
	OR CONTRIBUTING TO CAUSE OF DEA		YEAR		
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
1	WHILE NOT WHILE AT WORK				
					The state of the s
		ital) attended the deceased fram		, ta	, 19, that (I) (we) la
	22a.1 certify that (1) (this hospit	4-25- 197	0		te and have and from the causes stated
	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	1 0 1- 17	2, and that in (my) (aur) apinion a		ate and have and from the causes stated
1	22a.1 certify that (1) (this hospit	t) view the body after death.	2, and that in (my) (aur) apinion d	eath accurred an the do	22c DATE SIGNED
1	22a.1 certify that (1) (this hospii saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	1) view the body ofter death.	DEGREE  ATTENDING PHYSICIAN		22c DATE SIGNED
	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did no	1) view the body ofter death.	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAI	ate and haur and fram the causes stated  220 DATE SIGNED FF
	22a. I certify that (I) (this hospii saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	1) view the body ofter death.	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAI	ste and haur and fram the causes stated  22c DATE SIGNED FF
720	22a.1 certify that (1) (this hospii saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	of) view the body after death.  Scaulage  OR PRINT)  1 Man	DEGREE  MD ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	22c DATE SIGNED
230	22a. I certify that (I) (this hospii saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.  Scauland  PRINT)  MAN  236. DATE  236. NA	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAI	22c DATE SIGNED
	22a.1 certify that (1) (this hospii saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	of) view the body after death.  Scaulage  OR PRINT)  1 Man	DEGREE  MD ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	22c DATE SIGNED FIAN  Caulidade, Md

DHMH-16 60M 1/73 (VR A 15 (4))



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH-17 20M 1/73 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/		EASED NAME OR PRINT!	erbert A.		DOLE	LAST		20 DATE KNOW OF ESTI DEATH MATE	- A	. 6 19 79
3. S	SEX	4. RAC	E S. DA	TE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	ARS IF UNDER 1 YR.	IF UNDER 24 HRS	20. DATE	MONTH	DAY YEAR
				ct. 20, 1	1902 76 YR	MOITING DATE	HOURS MIN	DEAD	Apr. 6	19 7
		THPLACE (STATE OR EIGH COUNTRY)		TIZEN OF WHAT	COUNTRY?	8. MARRIED A NEV	ER MARRIED	9. BALTIMORE	ITY OR COUN	TY OF DEATH
0		ienna, Ma:		J.S.A.		WIDOWED [	DIVORCED [	Do reh	ester	1126. KIND OF B
2			(15	NOT IN SUCH FACILITY	, GIVE STREET ADDRESS)	, OR OTHER INSTITUT	FC	OR MOST OF WORKING LIF	E)	OR INDUS
		mbridge RESIDENCE (IF IN NU			General		Н	ouse pain	ter - s	elf emp
2 130	o. ST		Dorches	13	CITY OR TOWN	13d. INSIDE CI		treet address	. 3	
	_	HER'S NAME					R'S MAIDEN NAM	AE .		
90	R	obert Par	rker	LE	LAST	FI	y Cannon	MIDDLE		LAST
	a. W/	AS DECEASED EVER	IN U.S. ARMED FO		b. SOCIAL SECURITY			ADI	DRESS E. N	ew Mark
	(165	No	(IF YES, GIVE WAR OR	DATES	212-16-14	456B1 Mrs	Ruby M	. Parker.		
	T	18. CAUSE OF DEAT		couse per line for						APPROXIMA BETWEEN ONS
1		PART I DEATH W	AS CAUSED BY:							
-0		ARTIGEATT	IMMEDIATE CAU	JSE (a) Coro	nary oc	clusion				Few M
		410-	IMMEDIATE CAU	DUE TO, OR AS	CONSEQUENCE	clusion OF				LEW M
		Canditions, if	IMMEDIATE CAU	JSE (a) Coro	nary oc	clusion of				rew m
		Canditions, if a gave (ise to	IMMEDIATE CAU	(b)	A CONSEQUENCE (	OF				rew M
		Canditions, if	IMMEDIATE CAU	(b)	A CONSEQUENCE O	OF				rew M
		Canditions, if a gave rise to couse (a) stating lying cause lost.	IMMEDIATE CAU	(b)	a consequence (	DF DF	I CIVEN IM BADT 1 (-)			rew M
N. C.	- 1	Canditions, if a gave rise to couse (a) stating lying cause lost.	IMMEDIATE CAU	(b)	a consequence (	OF	I GIVEN IN PART 1 (α).			rew m
NOTAG	- 1	Canditions, if a gave rise to couse (a) stating lying cause lost.	IMMEDIATE CAU  ony, which immediate the under-  T CONDITIONS CONTRIBU	(b)	A CONSEQUENCE O	DF DF	1.5			20. AUTOPS
THE CATION	- 1	Canditions, if a gave (ise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA	IMMEDIATE CAU  ony, which immediate the under- IT CONDITIONS CONTRIBU	(b) DUE TO, OR AS A  (c) UTING TO DEATH BUT N	A CONSEQUENCE OF A CONSEQUENCE OF THE TERM	OF  INAL DISEASE OF CONDITION  ATION WAS PERFORE	MED?			20. AUTOPS' YES
S & CEPTIFICATION	CERTIFICATION	Canditions, if a gave tise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU	IMMEDIATE CAU  ony, which immediate the under-  T CONDITIONS CONTRIBUTION  SE WAS	DUE TO, OR AS (b) DUE TO, OR AS (c) UTING TO DEATH BUT N  19b. CONDITION 21b. TIME OF INJ	A CONSEQUENCE OF A CONSEQUENCE OF THE TERM	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  \$\int 21c, HOW INJURY	MED?	ER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PA	20. AUTOPS' YES
Cal Certification	CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING	IMMEDIATE CAU  ony, which immediate the under-  IT CONDITIONS CONTRIBUTION  ATION  SE WAS  OR  CAUSE OF DEATH	DUE TO, OR AS (b) DUE TO, OR AS (c) UTING TO DEATH BUT N  19b. CONDITION 19b. CONDITION 19b. CONDITION P.M.	A CONSEQUENCE OF A CONSEQUENCE OF THE TERMINATION O	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  \$\int 21c, HOW INJURY	MED?	ER NATURE OF INJURY IN I	TEM 18 PART 1 OR PA	20. AUTOPS' YES
S S S	CERTIFICATION	Canditions, if a gave (ise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING  21d. INJURY OCCUR	IMMEDIATE CAU  ony, which immediate the under-  IT CONDITIONS CONTRIBUTION  ATION  SE WAS  OR  CAUSE OF DEATH	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. 21e PLACE OF IN	A CONSEQUENCE OF A CONSEQUENCE OF THE TERMINATION O	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  \$\int 21c, HOW INJURY	MED?			20. AUTOPS' YES  ART 2)
AMERICAL CENTRE CATION	MEDICAL CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING	IMMEDIATE CAU  ony, which immediate the under-  IT CONDITIONS CONTRIBUTION  ATION  SE WAS  OR  CAUSE OF DEATH  RED  WHILE	DUE TO, OR AS (b) DUE TO, OR AS (c) UTING TO DEATH BUT N  19b. CONDITION 19b. CONDITION 19b. CONDITION P.M.	A CONSEQUENCE OF A CONSEQUENCE OF THE TERMINATION O	DF  INAL DISEASE OF CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION	MED?	ER NATURE OF INJURY IN I		20. AUTOPS' YES
MEDICAL CERTIFICATION	MEDICAL CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING 21d. INJURY OCCUR  WHILE AT WORK AT W	IMMEDIATE CAU  ony, which immediate the under-  OT CONDITIONS CONTRIBI  ATION  SE WAS  OR  CAUSE OF DEATH  RED  WHILE  VORK	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. MI P.M.  21e PLACE OF IN STREET, FACTORY,	A CONSEQUENCE OF A CONS	DF  INAL DISEASE OF CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION	MED?	CITY OR TOWN		20. AUTOPS' YES   DUNTY
MEDICAL CEDITICS CONTROLL CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CEDITICS CONTROLL CONTROLL CEDITICS CONT	MEDICAL CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING 21d. INJURY OCCUR  WHILE AT WORK AT W  22a. I certify that	IMMEDIATE CAU  ony, which immediate the under-  T CONDITIONS CONTRIBI  ATION  SE WAS  OR CAUSE OF DEATH  RED  WHILE  I took charge of the	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. MI P.M.  21e PLACE OF IN STREET, FACTORY,	A CONSEQUENCE OF A CONS	OF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION  STREET	OCCURRED (ENTE		co	20. AUTOPS' YES   DUNTY
MEDICAL CEDITICATION	MEDICAL CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING 21d. INJURY OCCUR  WHILE AT WORK AT W	IMMEDIATE CAU  ony, which immediate the under-  T CONDITIONS CONTRIBI  ATION  SE WAS  OR CAUSE OF DEATH  RED  WHILE  I took charge of the	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. MI P.M.  21e PLACE OF IN STREET, FACTORY,	A CONSEQUENCE OF A CONS	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION  STREET  Autapsy	OCCURRED (ENTE	CITY OR TOWN	co	20. AUTOPS' YES   DUNTY
	MEDICAL CERTIFICATION	Canditions, if gave (ise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE AT WORK  22a. I certify that deoth resulted from	IMMEDIATE CAU  ony, which immediate the under-  T CONDITIONS CONTRIBI  ATION  SE WAS  OR CAUSE OF DEATH  RED  WHILE  I took charge of the	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. MI P.M.  21e PLACE OF IN STREET, FACTORY,	A CONSEQUENCE OF A CONS	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION  STREET  Autapsy	Inspection . Und	CITY OR TOWN  Inquiry X, letermined monner	and in my op	20. AUTOPS' YES   DUNTY  pinian
230 STEEL STATE ON THE STATE OF	MEDICAL CERTIFICATION	Canditions, if a gave rise to couse (a) stating lying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAU  UNDERLYING CONTRIBUTING CONTRIBUTING AT WORK AT W  22a. I certify that deoth resulted from	IMMEDIATE CAU  ony, which immediate immediate ithe under-  T (ONDITIONS CONTRIB)  ATION  SE WAS  OR CAUSE OF DEATH RED  WHILE ORK  I took charge of the STORM CAUSE CONTRIB  ONE  Natural cour	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  UTING TO DEATH BUT N  19b. CONDITION  21b. TIME OF INJ HOUR A.M. MI P.M.  21e PLACE OF IN STREET, FACTORY,	A CONSEQUENCE OF A CONS	DF  INAL DISEASE OR CONDITION  ATION WAS PERFORE  21c. HOW INJURY  21f. LOCATION  STREET  Autapsy	Inspection . Und	CITY OR TOWN	and in my or	20. AUTOPS' YES   DUNTY  pinian

Framptom-Hawkins Funeral Home, 216 N. Main St.

APR 1 6 1979

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directhould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

Poge 4 moy be

requires that the death certificate be executed within 24 hours often

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	CENTIFICATE OF BEATH
REGISTRAR	CERTIFICATE OF DEATH

79-09583

1 DE	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).
	ECEASED NAME FIRST PE OR PRINT)  OSEPL	MIDDLE	EED	26 DATE OF DEATH	4 24 79 1.15 p
3. SE	Female	White	5. DATE OF BIRTH  MONTH  DAY  1886	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	" XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hester
	Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Eastern Shor	e Hosp. Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  NEVER EMP	WORKING LIFE) INDUSTRY
130.	Maryland Perc	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY NESTER 13 CITY OR TOW Cambri	dge   13d INSIDE CITY LIMITS?	13e STREET ADDRESS Eastern S	hore Hosp. Cene
	FATHER'S NAME FIRST OSEPH	MIDDLE REED	15. MOTHER'S MAIDEN NA SABELL	MIDDLE	KEYS
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)  16b SOCIAL SECU		l Records	55
7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	ENCE OF formible a	cate m.	+
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
TIFICATION		is with Cerel	DEATH BUT NOT RELATED TO THE TERM COL AUTOUS CLE  OPERATION WAS PERFORMED	,	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUPANTS	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  216. HOW INJURY OCCUP  219. LOCATION	200 AUTOPSY? YES NO	20B. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO THE MIST PART 1 OR PART 2)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH DA 19 P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUP 19 21f. LOCATION STREET 19 19	206. AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the deceased alive of above. (1) (we) (did) (did not)  22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  21) view the body ofter deoth.	OPERATION WAS PERFORMED  AY YEAR  19  21f. LOCATION STREET  , 19  , ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	206. AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO  YES NO  COUNTY STATE  19 , 19 , that (I) (we) It to and hour and from the causes stated  22c. DATE SIGNED
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 226.1 certify that (I) (this hosp sow the deceosed alive or obove. (I) (we) (did) (did n)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  21) view the body ofter deoth.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUP  19 21f. LOCATION STREET  , 19 , ond that in (my) (our) opinion  DEGREE  ATTENDING	206 AUTOPSY?  YES NO    CITY OR TOWN  deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO  YES NO  COUNTY STATE  19 , 19 , that (I) (we) It to and hour and from the causes stated  22c. DATE SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

28 2 0 0 = 0 7 To a not the second se

et in i .A. 8. W. bitslyres Cambridge | Eastern Score Noso. Center dayer amployed acce MarylandDoroheaver Carbridge x Sestern Shore doan. Coneta sorepor Letigash

Euriel 4-28-79 Grachlava Cometery Caramidge, Horobaster, Mc.
202 High Street May 2 H

requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

etained by the haspital or attending physician

the ottending physician and campletely filled in by the funeral remove carbanpopers. Pages 1 and 2 shauld be filed within 72

injury, or ather troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	79-0	958	4
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
(17PE	CR PRINT)	5	M	Ko	BINSON		44	79	120 PM
3. SE	X	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
FE	FMALE	WHIT	2	4	4 94	85	YRS	DATS	HOURS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
M	ARYLAND	USA		WIDOW	- /	DORCH	ESTER	2	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPATI	ION I	26. KIND C	OF BUSINESS OR
- 600	AMBRIDGE	DORCHE	77 . C.C.	EN	ERAL	Homemaker	F WORKING LIFE)	NDUSTRY	
	AL RESIDENCE (IF NURSING HOME COUNTY)	NTY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Cambrid	N	134 INSIDECITY LIMITS?	13e STREET ADDRESS 909 Ros	lun Au		
14. F.A	ATHER'S NAME	. •	Campito	Ge	15 MOTHER'S MAIDEN NA		TAH WA	C.,	
	Goldsborou	gh	Jones		Angie	Naga	Poglun	Jo	nes
16a V	NAS DECEASED EVER IN U.S. A YES, NOTO ONKNOWN) (IF YES, GI	RMED FORCES? /E WAR OR DATES)	212-16	-676	3 Mrs.Virgi	nia R.Win	dsor,C	ambr	idge Md
No	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	ic agradio re	Shocker scular dis		IN PART 1	0.42
CERTIFICATION	190 DATE OF OPERATION		-		N WAS PERFORMED	200 AUTOPSY	206. IF YES, WI	ERE FINDI	NGS USED
FIC	0						IN CERTIFYING		
ERT	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	FINIURY		21c. HOW INJURY OCCUR!	YES NO	YES _	OPPART 2)	NO []
0	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA			(20)		J. 17.111 = 7	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	21e PLACE		19	21f. LOCATION				
ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	WN (	COUNTY	STATE
	AT WORK AT WORK			A	1	(1.1.2.)	/	70	
	220.1 certify that (1) (this has sow the deceased alive o	ottol ottended the	e deceased from	NOUS	nd that in (my) (our) apinion	death accurred on the d			that (1) (we) lost
	obove, (II (we) (did) (did h	ot) view the body	ofter death.	/		deom occorred on the d	one one noor on		
	226. SIGNATURE	5 Der	Mar	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
	224. PHYSICIAN'S NAME (TYPE				22e ADDRESS				
	Albert E	BUNK			200 Mary		CANBI	mids	e 146-
23a F	BUP' ION PEMOVA	23h DATE	23. N	LAME OF	EMETERY OR CREMATORY	23d LOCATION		0	

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR

Burial

Thomas Funeral Home, Cambridge, Md.,

Apr.6,1979 Dorchester Mem.Park, Cambridge, Dor., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 1 1 1979

105 11-61

Ag)

GCJ,

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

## FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-09	585	
-------	-----	--

	SINAN					REG. N			
I. DECE ASEL		MIDDLE	Ri	LARK		2a. DATE OF DEATH	MONTH D	1 - 19	26. HOUR
3. SEX	71-0	4. RACE	5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HR
M	ale	White	May		1902	76	YRS	MONTHS DAYS	HOURS MIN
70. BIRTHPLA	ACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	UNTRY? 8			9 BALTIMORE CITY O	OR COUNTY	OF DEATH	
COUNTRY	aryland	W.S.A.	WIDOWEL	D X NEVER A	MARRIED L	Dorches	ter		A
IO. CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OF			120 USUAL OCCUPATI			F BUSINESS C
	ambridge	Dorchest	ter Gene	ral H	losp.	Waterman	# WURKHYO EN L	Shel	lfish
13a. STATE	13b COU	or other institution, give residence unity orchester Ho	DR TOWN !	13d INSIDE C	CITY LIMITS?	13. STREET ADDRESS Rural			
14 FATHER'S	NAME FIRST Omas Levi:		AST		S MAIDEN NAM	WIDDLE		Wall	ace
16a. WAS DE	CEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIA	AL SECURITY NO.	17 INFORMA		ADDRE		Class	als Ø
n	0			Mrs.	Laura	a Parks Ru	uark	,	rch E
18. CA	USE OF DEATH (Enter o	anly ane cause per line far (a)	b, and ic	ATTE N	11	4.		BETWEEN	MATE INTERVAL ONSET AND DEATE
		IATE CAUSE (a)	man	wa	Info	schor		30	and
PART	e (0), stating the rlying cause last	DUE TO, OR AS A CONTCOME TO CONTRIBUTION		NOT RELATED	D TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 1(c	01
O		Shock 1	Letas	2					A Hall
CERTIFICATION 13.0 DV	ATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFO	RMED	200 AUTOPSY? YES □ NO □	IN CERTIF	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
00.00	CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONT	ITH DAY YEAR	21c. HOW IN	JURY OCCURRE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	ART 1 OR PART 2)	
	JURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	ON	CITY OR TOV		COUNTY	STATE
WHILE AT WOR	NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	Jihus		CIT ON TO	VN	COUNT	STATE
22a.1 a	certify that (I) (this has	spital) attended the deceased an	_19 701 and	nd that in (my)	19 19 ) (ous) apinion c	ta	late and havi		that (I) (we) I
	IGNATURE	as view the body direct death.		DEGRÉE			2 11	22c. DATE	SIGNED
6	73	and some	- Sm	al '	ATTENDING PHYSICIAN	MEDICAL STAL		4-	3-)9
22d. PI	HYSICIAN'S NAME (TYPE	ORPRINT)		22e. ADDRES	-				
230. BURIAL,	CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CE	EMETERY OR	CREMATORY	23d. LOCATION			
(SPECIFY)	Burial	4-3-79			Cemete	ery Cambr	idge.	Dorch	ester
			A CONTRACTOR OF THE PARTY OF TH						W 200
24. FUNERA		ADDA	DRESS 308 H	High S	+ 250 DATE	E REC'D. BY REGISTRAR	20 REGISTI	RAPS SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely littled in the formula should be detached for use as the burial-transit permit. Then please remove corbanopopers. Pages 1 and 2 shauld be tried with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

79-09535

ele | Noite | Ney 20 1902 madeliano .A.S.V Braingan Cambridge Doronsster Seneral Hosp. Waterman Shallfich Mervland Deremeter House x Rural 90 5. [SW Proces Levin Wark Mrs. Laura Firks Runrk , Church Erec

Surial 4-3-79 Dorchester Caretery Cambidge, Forchesterid.
308 High St. Gurren Fureral Home Gambridge, Mr.

- 1243

FOR

			5	STA	TE	OF	M	AR	YL	ANI	D						
DEF	ART	ME	NT	OF	HE	ALT	H.	AN	D	ME	N1	AL	H	/G	IE	NI	Ē
MEDIA	LAP	EV	AA	ALL	IED	1/6	CI	ED3	rie	10	A '	TE	0		\F		Ŧ

00586

	REGISTRAR		MED	ICAL EXAMIN	NER'S CI	ERTIFICATE C	)F DEA	TH	REG. NO	٥.	, 500	
	PE OR PRINT)	FIRST	Page 1	MIDDLE	L	AST		o. DATE	KNOWN ESTI-	day.	r DAS, IE	198 HO
		Mary		edford		Lacum			MATED [	Apr	2. 5%,	79 6
3. SE	Female W	hite S	ept.21	216 62 y				RONOUN DEAD	NCED	MONTH	DAY YE	AR 2d. HJ
1 5	IRTHPLACE (STATE OR OREIGN COUNTRY)	7b. CI	U.S.	IT COUNTRY?	MARRIE WIDOWE	D NEVER MARR	RIED		Dorch		Y OF DEATH	
3 c	ambridge	D'	O.A.D	TAL, NURSING HOM LITY, GIVE STREET ADDRESS) Orcheste	r Ger			OST OF WOR			OR INDU	ISTRY
	AL RESIDENCE (IF IN NI STATE Md.	13b. COUNTY Dor		residence before admiss 13t. CITY OR TOWN Cambridg	1	3d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STRE	ET ADDRE	5 Cho	pta	nks Av	7e.,
71	ATHER'S NAME Edward	MIDD		Medford		15. MOTHER'S MAID! Elizabe		٨	NDDLE		odward	
/	WAS DECEASED EVER YES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR OR		166. SOCIAL SECURIT		Herbert	S.S.	lacu	address m, Can		dge.Mo	1.
NO	gave rise to couse (a) statin lying cause last	g the under-	(c)	S A CONSEQUENCE T NOT RELATED TO THE TERI		DR CONDITION GIVEN IN PA	ART 1 (a).					
FICATI	190. DATE OF OPER	ATION	196. CONDITIO	ON FOR WHICH OPE	RATION WA	S PERFORMED?					20. AUTOP	
l bee											YES [	
CALCERT	210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M.	MONTH DAY YEA	R	W INJURY OCCURRE	ED (ENTERN	ATURE OF IN	JURY IN ITEM 18	PART 1 OR PA		I NO JA
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING 216 INJURY OCCUR	OR CAUSE OF DEATH	HOUR A.M.	MONTH DAY YEA 19 INJURY (ATHOME,	21f. LOC		ED (ENTER N	CITY OR TO				STATI
MEDICAL CERT	UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE NOT AT WORK AT W  22a. I certify that death resulted from	OR   CAUSE OF DEATH RRED   WHILE	HOUR A.M. P.M. 21e. PLACE OF STREET, FACTOR	MONTH DAY YEA  19 INJURY (ATHOME, RY, FARM, ETC.) ibed abave, held an	21f. LOC	ATION RRET  Inspectia Hamicide  TITLE (SPECIFY)	Undete	Inquiry	WN an	cou	unty	
3 WEDICAL CERT	UNDERLYING CONTRIBUTING 114 INJURY OCCUP WHILE AT WORK AT W  220. I certify that death resulted from	OR   CAUSE OF DEATH RRED   T WHILE         WORK       I taak charge of th   m: Natural caus	HOUR A.M. P.M. 21e. PLACE OF STREET, FACTOR see remains descr	MONTH DAY YEA  19 INJURY (ATHOME, RY, FARM, ETC.) ibed abave, held an	Autapsy uicide	ATION RRET  , Inspection Hamicide , TITLE (SPECIFY) Deputy	Undete	Inquiry rmined m	WN an	COL	unty	

9-0-536 

. P. S. Company . C. M. S. Compa

The second secon

	STA	TE	OF I	MARY	LAND	
DEPARTMENT	OF	HE	ALT	H AN	D MEN	ITAL

HYGIENE

7	9	10.	0	9	5	8	1
REC	GIN	10.					

HPLACE (STATI GN COUNTRY)  d. OR TOWN OF  ambrid  RESIDENCE (IF  ITE  Md.  HER'S NAME  OBERT  S DECEASED E  NO, OR UNKNOWN  10  8. CAUSE OF E  PART I DEAT  Conditions, gave rise cause (o) sh  lying couse	Hubert  A. RACE  white  OF DEATH  dge  IF IN NURSING HOME O  IT IS COUNT  D  EVER IN U.S. ARA  WN) (IF YES, GIVE  IMMEDIAT  IMMEDIAT  s, if ony, which to immediate stoting the under- ite lost.	5. DATE OF BIR  7. 1  7. CITIZEN OF  11. NAME OF PI  (IF NOT IN SUC  RUTA  ITY  DOT  MIDDLE  MED FORCES?  WAR OR DATES)  TO DUE TO,  (b)	Y 1901 77 WHAT COUNTRY? S.A. HOSPITAL, NURSING HICH FACILITY, GIVE STREET ADDS	IN YEARS IF UNITED TO THE WIDOW OME, OR OTHE SESSION) VN LOGE  URITY NO4635  OCCLUSIONS OF THE SESSION OF TH	ED NEVER MARR  ED DIVORCER INSTITUTION  G Drive)  13d INSIDE (ITY LIMITS?  YES NOTHER'S MAIDE  FIRST  Mary  17. INFORMANT  Mrs.Leor	24 HRS. 27. DATE MIN PRONOU DEA!  BED	E MATED APT MORE CITY OR PRINTED TO THE ST. DIPATION (TYPE OF THE ST.) DIPATION (TYPE OF THE ST.	county of cer Fwork 12b. F	1979 Y YEAR S,79 F DEATH  KIND OF BIOR INDUST  R. D.  LAST Tall  88 Ca APPROXIMATION ONLY	7:30 AMI  MI  JSINESS RY  2)
HPLACE (STATI GN COUNTRY)  d.  OR TOWN OF  AMBRID  RESIDENCE (IF  ITE  Md.  HER'S NAME  OBERT  SDECEASED E  NO, OR UNKNOWN  NO  1. CAUSE OF E  PART I DEAT  Conditions, gave rise cause (o) sh  lying cause	White  ATE OR  ATE OR  DE DEATH  DE DEATH  IS NURSING HOME O  113b COUNT  D  EVER IN U.S. ARA  WN) (IF YES, GIVE N  CIFY YES, GIVE N  ATH WAS CAUSED  IMMEDIAT  s, if ony, which to immediate storing the under- te lost.	MONTH TO CITIZEN OF  II. NAME OF P  (IF NOT IN SUC  RUTAL  OR OTHER INSTITUTION  ITY  OF  MIDDLE  MED FORCES?  WAR OR DATES)  THE CAUSE (o)  (b)	WHAT COUNTRY?  S.A.  HOSPITAL, NURSING HOSPITAL,	BIHDAY) YRS.  8. MARRIE WIDOW OME, OR OTHE (ESS) VN Ldge  URITY NO4635	ED MEVER MARR  ED DIVORCER INSTITUTION  Drive)  13d INSIDE (ITY LIMITS?  YES NO THER'S MAIDE  Mary  17. INFORMANT  Mrs.Leor	PRONOU DE AI  ED   9. BALTIM  ED   DO  126. USUAL OCCU  FOR MOST OF WO  WATER  13e. STREET ADDR  SPTI	MORE CITY OR O'CHEST  PATION (TYPE O'S ORKING LIFE)  THE STATE OF THE	county of the work   12b.	F DEATH  KIND OF BI OR INDUST  R. D.  LAST  Tall  APPROXIMATE TWEEN ONS	ME EINTERVAL
GN COUNTRY)  d.  OR TOWN OF  ambrid  RESIDENCE (IF  ITE  Md.  HER'S NAME  OBOTT  S DECEASED E  NO, OR UNKNOWN  NO  8. CAUSE OF E  PART I DEAT  Conditions, gave rise cause (o) sh  lying cause	DEVER IN U.S. ARA  EVER IN U.S. ARA  (IF YES, GIVEN  DEATH (Enter onl  ATH WAS CAUSED  IMMEDIAT  s, if ony, which to immediate stoting the under- tie lost.	III. NAME OF HE (IF NOT IN SUC RUTAL)  OR OTHER INSTITUTION OF MIDDLE  MED FORCES? WAR OR DATES)  THE CAUSE (O) DUE TO,  (b)	HOSPITAL, NURSING HICH FACILITY, GIVE STREET ADDRESSED AND STREET ADDRESS	WIDOW: OME, OR OTHER RESS) Spring WIN UN	D DWORD ER INSTITUTION  Drive)  13d INSIDE CITY LIMITS? YES NO S  15. MOTHER'S MAIDE FRST MARY  17. INFORMANT  Mrs.Leor	IZE. USUAL OCCU- FOR MOST OF WO Water  13e. STREET ADDR Spri	Orchest  UPATION (TYPE OF CRIMEN CLIFE)  CRESS  ING Dri  MIDDLE  ADDRESS	ve (	R.D.  LAST Tall  APPROXIMATITY WEEN ONS!	MI USINESS RY  2)  Rmb M E INTERVAL ET AND DEATH
ambrid RESIDENCE (IF ITE Md. HER'S NAME OBERT SDECEASED E NO, OR UNKNOWN NO  8. CAUSE OF E PARTIDEAT Conditions, gave rise cause (o) sh lying cause	DEVER IN U.S. ARAWN) (IF YES, GIVEN  EDEATH (Enter onl ATH WAS CAUSEE IMMEDIAT  s, if ony, which to immediate stoting the under- ie lost.	MED FORCES?  MED FORCES?  MIDDLE  MED FORCES?  MIDDLE  MED FORCES?  MIDDLE  MED FORCES?  MED FORCES?  MIDDLE  MED FORCES?  MUST ON THE MEDIT OF THE	Tyler  16b. SOCIAL SECULDA SEC	Spring Spring MISSION) VIN Ldge  URITY NO4635  Occlu NCE OF	g Drive)  13d INSIDE CITY LIMITS? YES NO THER'S MAIDE FRST Mary  17. INFORMANT Mrs.Leor	or nost or wo water  13e. STREET ADDR Spri	RESS Dri	eve (	R.D.  LAST Tall  S8 Ca	amb . M
HER'S NAME PRESS NAME PRESS NAME OBERT SO DECEASED E NO, OR UNKNOWN NO  8. CAUSE OF E PART I DEAT 4/0 = Conditions, gave rise cause (o) sh lying cause	EVER IN U.S. ARAWN) (IF YES, GIVE VITAL ATH WAS CAUSED IMMEDIAT S, if ony, which to immediate stoting the under-te lost.	MIDDLE  MED FORCES? WAR OR DATES)  Ally one cause per D BY: TE CAUSE (o) DUE TO,	Tyler  16b. SOCIAL SECUENTIAL SEC	URITY NO4635 OCCLU	15. MOTHER'S MAIDE FRST Mary 17. INFORMANT Mrs.Leor	Spri	ng Dri	Bx 16	Tall 8 Ca	emb . M
S CAUSE OF E PARTIDEAT  Conditions, gave rise cause (o) sh lying cause	DEATH (Enter only ATH WAS CAUSED IMMEDIAT s, if ony, which to immediate stoting the under- te lost.	MED FORCES? WAR OR DATES)  Ally one cause per D BY: TE CAUSE (o) DUE TO,	Tyler 166. SOCIAL SECT 215-18- line for (o), (b), and (c). COPONARY OR AS A CONSEQUEN	-4635 occlu	Mary 17. INFORMANT Mrs.Leor		ADDRESS		8 Ca	emb. M
8. CAUSE OF E PART I DEAT Conditions, gave rise cause (o) str. lying cause	DEATH (Enter only ATH WAS CAUSED IMMEDIAT s, if ony, which to immediate stoting the under- te lost.	nly one cause per D BY: TE CAUSE (o) DUE TO,	215-18- line for (o), (b), and (c). COPONARY OR AS A CONSEQUEN	-4635 occlu	Mrs.Leon	na Tyler			APPROXIMAT	E INTERVAL T AND DEATH
Conditions, gave rise cause (o) she lying cause	IMMEDIAT  s, if ony, which to immediate stating the under- te lost.	TE CAUSE (o)	COPONARY OR AS A CONSEQUEN	occlu NCE OF	sion			BE	TWEEN ONS	EINTERVAL ET AND DEATH
AKT 2 OTHER SIGNI	MIFICANT CONDITIONS	CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE		OR CONDITION GIVEN IN PA	RT 1 (a).				
90. DATE OF O	OPERATION	19b. COM	NDITION FOR WHICH C	OPERATION WA	AS PERFORMED?			20.	AUTOPSY	? NO 🔀
In EXTERNAL OF		HOUR	E OF INJURY A.M. MONTH DAY Y	YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF IN	NJURY IN ITEM 18 PAR	RT 1 OR PART 2}	163	NO E
MHILE D	NOT WHILE C	STREET	CE OF INJURY (AT HOW FACTORY, FARM, ETC.)		CATION	CITY OR TO	OWN	COUNTY		STATE
death resulted	d from: Notur	rol couses X,	Accident ,	Suicide ,	Homicide	Undetermined m	manner ,	DATE SIGNED	/17,	/79
TYPE OR PRINT	ION REMOVAL TO					23d. LOCATION CITY OR TOWN Cambar	cidae	COUNTY DOT.		TATE
dec	MATUREMINER'S-A E OR PRIN	ON THE SHAME JOHN	MATURE  MINERS-NAME John Mace E OR PRINT)  CREMATION, REMOVAL 236. DATE	MINER'S NAME JOHN Mace Jr. M.D.  CREMATION, REMOVAL 23b. DATE 23c. NAME OF	MATURE MINERIS-NAME JOHN Mace Jr. M.D.  CREMATION, REMOVAL 23b. DATE  Accident D., Suicide D.  Mace Jr. M.D.	MINER'S NAME John Maco Jr. M.D.  Accident , Suicide , Homicide ,  TITLE (SPECIFY)  ADDRESS  Cami  CREMATION, REMOVAL   236. DATE   236. NAME OF CEMETERY OR CREMATORY	Accident , Suicide , Homicide , Undetermined in TITLE (SPECIFY)  NATURE	TITLE (SPECIFY)  MATURE  MINER'S NAME  JOHN  MEDICAL EXAMINER  MINER'S NAME  FOR PRINT)  ADDRESS  Cambridge, Md.  ADDRESS  CREMATION, REMOVAL 236. DATE  1236. NAME OF CEMETERY OR CREMATORY  236. LOCATION  CITY OF TOWN	Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  MEDICAL EXAMINER  MINERIS-NAME JOHN Mace Jr. M.D.  E OR PRINT)  ADDRESS  Cambridge, Md.  CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION	Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY)  MAINER'S NAME John Mace Jr. M.D.  ADDRESS Cambridge, Md.  CREMATION, REMOVAL 23b. DATE 4/18/79 COUNTY COUNTY CAMBRIDGE CAMBRIDGE CAMBRIDGE COUNTY COUNTY COUNTY COUNTY CAMBRIDGE CAMBRIDGE COUNTY COUNTY COUNTY CAMBRIDGE CAMBRIDGE

18780-6-Car re. r or the same of the s Left for And the set of the set